U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

₹002 9 1 9 NY

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<i>f</i>			
1. File Number U - Ca3	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name James M Coyle	Name Ironworkers Local 7		
	Labor Organization File Number 033-092		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 7		
Street 12A Everdeen Street	Street 195 Old Colony Avenue		
City Boston	City South Boston		
State Massachusetts ZIP Code + 4 02122	State Massachusetts ZIP Code + 4 02127		
5. Position in labor organization. Financial Sec-Trea/Business M	anager		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contained in the second contained contained in the second contained in the second contained contained in the second contained containe	ing documents), has been examined by the signatory and is, to the best of the		
Signed Am. Coyle	On 8/8/05 (617) 282-0080 Telephone Number		

Name of Person Filing James Coyle		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Iron Workers District Council LMCT Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 96 Street 191 Old Colony Avenue City South Boston State Massachusetts ZIP Code + 4 02127	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b, or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust that is funder pursuant to collect	ict Council LMCT is a Taft-Hartley ed from contributions made tive bargaining agreements between 7 and various signatory		
City ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held Meeting related me	d or income received.		
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$1,074		
or from any labor relations consultant to an employer any payment of money				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

	·	***************************************
Name of Person Filing James	Coyle	File Number U-
	<u>-</u>	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	····
Name Local 7 Apprentice Training Committee	a. Labor Organization	
Trade Name, if any:	M. 2220. 6.9223	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		
State Massachusetts ZIP Code + 4 02127		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Local 7 Apprentice Training Commit Hartley Trust that is funded from	contributions
Trade Name, if any:	made purusant to collective bargai between Iron Workers Local 7 and v construction employers.	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related travel, lodging an	d meals.
	12.b. Amount.	\$2,685

Name of Person Filing James	Coyle	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Freedom Capital Management	a. Labor Organization	
Trade Name, if any:	d. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any	الشكا	
Street One Beacon Street	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Freedom Capital is an investment m	anagement company Workers District
Trade Name, if any:	Council Pension Fund.	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related meal.	
	12.b. Amount.	\$65

Name of Person Filing James	Coyle	File Number U-

	T	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NCPPO	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6850 Versar Center	c. Employer	
City Springfield:		
State Virginia ZIP Code + 4 22151		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	NCPPO is a vendor that provides he services. NCPPO solicited business Workers District Council H&W Fund.	from Iron
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related meal.	
	12.b. Amount.	\$72

Name of Person Filing James	Coyle	File Number U-	
		3	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers District Council H&W Fund	a. Labor Organization	
Trade Name, if any:	<u> </u>	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 161 Granite Avenue	c. Employer	
City Dorchester		
State Massachusetts ZIP Code + 4 02124		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	Iron Workers District Council H&W Hartley Trust that is funded from (contributions
Trade Name, if any:	made purusant to industry collective agreements including agreements between Workers Local 7 and various signate	tween Iron
P.O. Box, Bldg., Room No., if any	employers.	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related lodging and meals.	
	12.b. Amount.	\$1,248

Name of Dance Ellins -		 File Musebau II
Name of Person Filing James	Coyle	File Number U-

	·	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Boston Partners	a. Labor Organization	
Trade Name, if any:	12:27	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 28 State Street	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02109		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Boston Partners is an investment m that solicted business from Taft-H	artley Trust
Trade Name, if any:	Funds that are associated with Iro 7.	n Workers Local
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	**************************************
	Meeting related meal.	
	12.b. Amount.	\$35

		[t]
Name of Person Filing James	Coyle	File Number U -

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name James M. Langan, Jr.	a. Labor Organization	
Trade Name, if any:	a. Laboi Oiganizatton	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street 33 Broad Street	c. Employer	
City Boston: 1935 1837 1837 1837 1837 1837 1837 1837 1837	1	
State Massachusetts ZIP Code + 4 02109		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Mr. Langan is the attorney for Taf Funds that are associated with Iro	t-Hartley Trust n Workers Local
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related meal.	
		Million of the Contract Contra
	12.b. Amount.	\$78